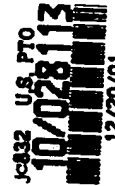




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PATENT

Attorney Docket No. CCF-5814

Assistant Commissioner for Patents  
Washington, D.C. 20231

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of Inventor(s): **Kenneth Ouriel and Daniel G. Clair**

For (title): **FURCATED ENDOVASCULAR PROSTHESIS**

Enclosed are:

1. **Papers Required for Filing Date Under 37 CFR 1.53(b):**

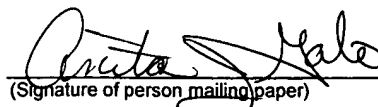
82 Pages of specification  
1 Pages Abstract  
21 Pages of claims  
18 Sheets of drawing (Figs. 1-40)  
☒ formal  
☐ informal

In addition to the above papers there is also attached: An executed Information Disclosure Statement (2 pgs.); PTO-Form 1449 (1 pg.); and TWENTY (20) References.

CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service on this date December 20, 2001 in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number EF-163926941US addressed to the: Assistant Commissioner for Patents, Washington D.C.

Anita J. Galo  
(Type or print name of person mailing paper)

  
(Signature of person mailing paper)

2. Declaration or oath:

- ☒ Enclosed (Executed)  
☐ Not Enclosed.

3. Language:

- ☒ English  
☐ Non-English  
☐ A verified English translation of the  
☐ specification and claims  
☐ declaration  
is attached.

Assignment:

- ☒ An assignment of the invention to The Cleveland Clinic Foundation  
☒ is attached.  
☐ will follow

5. Certified Copy:

Certified copy (ies) of application (s)

| (Country) | (Appln. No.) | (Filed) |
|-----------|--------------|---------|
| (Country) | (Appln. No.) | (Filed) |
| (Country) | (Appln. No.) | (Filed) |

from which priority is claimed

- ☐ is attached  
☐ will follow

6. **Fee Calculation:**  
(Small entity filing fee is 50% normal fee)

| CLAIMS AS FILED                     |              |       |      |                 |
|-------------------------------------|--------------|-------|------|-----------------|
| Number Filed                        | Number Extra |       | Rate | Basic Fee       |
|                                     |              |       |      | \$ 370.00       |
| Total Claims                        | 75           | -20 = | 55 X | \$ 9.00 495.00  |
| Independent Claims                  | 8            | -3 =  | 5 X  | \$ 42.00 210.00 |
| Multiple dependent claim(s), if any |              | 0 +   |      | \$ 140.00 0.00  |

- ☐ Amendment canceling extra claims enclosed
- ☐ Amendment deleting multiple dependencies enclosed
- ☐ Fee for extra claims is not being paid at this time

Filing Fee Calculation **\$1,075.00**

**Small Entity Statement**

- ☒ The present application will be assigned to and is being filed on behalf of a **small entity** as defined in 37 CFR 1.9 and 1.27(a)(3) (tax exempt organization) for purposes of paying reduced fees.

**Fee Payment Being Made At This Time:**

Enclosed:

- ☒ basic filing fee **\$1,075.00**
- ☒ assignment recordal fee **\$ 40.00**
- ☐ for processing an application with a specification in a non-English language **\$**
- Total fees enclosed **\$1,115.00**

9. **Method of Payment Fees:**

- ☒ check in the amount of \$ **1,115.00** enclosed.

☒ The Commissioner is hereby authorized to charge any **DEFICIENCY** in the filing fees for this application to our Deposit Account No. 20-0090.

10. **Instructions As to Overpayment:**

- ☒ refund

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SIGNATURE OF ATTORNEY, REG. NO. 40,871

Richard S. Wesorick  
Type or print name of attorney